

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **70/602906**
APPLICANT(S) **R**

FILING DATE

		AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT		CLAIMS					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1							91					
2		1						92					
3		1						93					
4		3						94					
5		3						95					
6		3						96					
7		3						97					
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50													
TOTAL IND.	1							TOTAL IND.					
TOTAL DEP.	26							TOTAL DEP.					
TOTAL CLAIMS	27							TOTAL CLAIMS					